

0492087

3317 NH

ARREST / NOTICE TO APPEAR

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

1 JUVENILE

OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2017-0018143		Multiple Clearance Indicator	
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type Hands/feet/teeth	
Location of Arrest (Including Name of Business)				Location of Vehicle				
Date of Arrest 09/24/2017	Time of Arrest 23:51	Booking Date 09/25/2017	Booking Time 00:01	Jail Date		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Name (Last, First, Middle) AUGUST, CHRISTINE LYNN				Alias:		Eye Color HAZEL		Hair Color BLOND OR
Race W - White B - Black		Sex W	Date of Birth 03/18/1992	Height 5'04	Weight 110	Marital Status S	Religion	Complexion FAIR
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Indication of: Alcohol Influence Drug Influence		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Build Thin
Local Address (Street, Apt. Number) 2111 BRANDYWINE RD 438, WEST PALM BEACH, FL 33409				(City) (State) (Zip)		Phone (558) 415-0268		Residence Type: 1. City 3. Florida 2. County 4. Out of State
Permanent Address (Street, Apt. Number) 2111 BRANDYWINE RD 438, WEST PALM BEACH, FL 33409				(City) (State) (Zip)		Phone (558) 415-0268		Address Source VERBAL
Business Address (Name, Street)				(City) (State) (Zip)		Phone		Occupation
D/L Number, State A223112925980 /		Soc. Sec. Number		DNS Number		Place of Birth (City, State) PALM BEACH		Citizenship US
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth
Name (Last, First, Middle)				Relationship		Residence Phone		Business Phone
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian				(City)		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
Address (Street, Apt. Number)				Date		Time		Grade
Notified by: (Name)				Date		Time		Value of Property
Released To: (Name)				Relationship		School Attended		
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No				Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv
Drug Activity N. N/A P. Possess				S. Sell B. Buy T. Traffic		R. Snuggle D. Deliver E. Use		K. Disperses/ Distribute
M. Manufacture/ Produce/ Cultivate				Z. Other		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other
Charge Description BATTERY - BATTERY (SIMPLE)				Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number 784.03(DA)
Drug Activity				Drug Type N		Amount / Unit		Statute Violation Number
Offense # 2017-0018143				Counts		Domestic Violence		Violation of ORD #
Charge Description				Counts		Domestic Violence		Warrant / Capias Number
Drug Activity				Drug Type		Amount / Unit		Statute Violation Number
Offense #				Counts		Domestic Violence		Violation of ORD #
Charge Description				Counts		Domestic Violence		Warrant / Capias Number
Drug Activity				Drug Type		Amount / Unit		Statute Violation Number
Offense #				Counts		Domestic Violence		Violation of ORD #
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:		Released To
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond				<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By
Transported By				Date Transported		Time Transported		Other
INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room)		Court Date and Time		No Photo Available
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Date Signed		Name Verification (Printed by Arrestee)		
Signature of Defendant (or Juvenile and Parent/Guardian)				Signature of Arresting Officer		ID #		(PRINT)
HOLD for Other Agency				Name of Arresting Officer (Print) GOLDBERGER, DANIELLE		ID # 02074		PAGE 1 OF
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Pouch #		SCANNED 2017 SEP 25 AM 2:05
Intake Deputy Cpt Nonaka/7206				Transporting Officer GOLDBERGER		ID # 2071		WEST
<input type="checkbox"/> COURT <input type="checkbox"/> STATE ATTORNEY <input type="checkbox"/> AGENCY <input type="checkbox"/> CENTRAL RECORDS <input type="checkbox"/> JAIL <input type="checkbox"/> DEFENDANT				2017 SEP 25 2017		<input type="checkbox"/> P.I.O. <input type="checkbox"/> DEFENDANT		

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/24/2017 23:56	Agency Report Number 9 4 2017-0018143	
	Agency ORI Number FL 0500800	Agency Name WEST PALM BEACH POLICE	
D E F	Name (Last, First, Middle) AUGUST, CHRISTINE LYNN	Alias	Race W
			Sex F
C I R C L	Charge Description 784.03(1) BATTERY - BATTERY (SIMPLE)	Date of Birth 03/18/1992	
	Victim's Name (Last, First, Middle)		
V I C T I M	Local Address (Street, Apt. Number)	(City)	(State)
	Business Address (Name, Street)	(City)	(State)
	Phone	Address Source	Occupation
A D D I T I O N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): VISIBLE INJURIES	
	VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral		
R E L A T I O N S H I P B E T W E E N V I C T I M & S U S P E C T	RELATIONSHIP BETWEEN VICTIM & SUSPECT BOY		
	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	911 CALL: <input type="checkbox"/> YES <input type="checkbox"/> NO	CALLER: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	WEAPON USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	WITNESSES: <input type="checkbox"/> YES <input type="checkbox"/> NO	(If YES, attach witness list)	
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	AT: Scene: <input type="checkbox"/> YES <input type="checkbox"/> NO	PARAMEDICS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Hospital: <input type="checkbox"/> YES <input type="checkbox"/> NO	PHYSICIAN(S) / HOSPITAL: <input type="checkbox"/> YES <input type="checkbox"/> NO	
N O T E	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NAMES/AGES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CASE #: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
On 09/24/2017 I responded to [redacted] in reference to a disturbance. Upon arriving on scene I was advised by defendant Christine August that she and [redacted] had a physical altercation prior to my arrival. The altercation stemmed from them arguing over past and present drug activity. I was advised by [redacted] that Christine sued her hands in a closed fist and hit him multiple times on			
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, [redacted] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. [Signature] Sworn to and subscribed to before me this 24th day of Sep 2017. [Signature] NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

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PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

1 JUVENILE

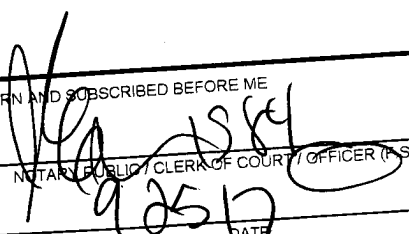
OBT Number		Agency Report Number 9 4 2017-0018143	
Agency ORI Number FL 0500800		Agency Name WEST PALM BEACH POLICE	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:	
Name (Last, First, Middle) AUGUST, CHRISTINE LYNN		Race W	Sex F
Charge Description 784.03(1) BATTERY - BATTERY (SIMPLE)		Date of Birth 03/18/1992	
Victim's Name (Last, First, Middle)		Race	Sex
Local Address (Street, Apt. Number)		Date of Birth	
Business Address (Name, Street)		Occupation	

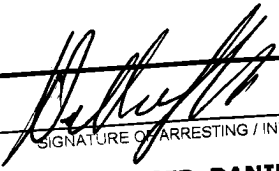
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody...
☐ committed the below acts in my presence.
☐ confessed to admitting to the below facts.
☒ was observed by _____ that he/she saw the arrested person commit the below acts.
☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 25 day of September, 2017 at 00:27 (Specifically include facts constituting cause for arrest.)

On 09/24/2017 I responded to [redacted] in reference to a disturbance. Upon arriving on scene I was advised by defendant Christine August that she and [redacted] had a physical altercation prior to my arrival. The altercation stemmed from them arguing over past and present drug activity. [redacted] advised me that he and August were at Duffy's on the 800 Blk of Village Blvd when they had a verbal argument. I was further advised that August left the restaurant in her vehicle, leaving [redacted] behind to walk home. Upon both being at [redacted] the verbal argument continued and escalated to a physical altercation. I was advised by [redacted] that August attacked [redacted] by using her hands in a closed fist manner and punched [redacted] on the left side of his face multiple times causing obvious swelling. [redacted] further stated that she continued to attack him by scratching at his face and neck. I observed what appeared to be redness and scratch marks to the left side of [redacted]'s neck. [redacted] further stated that she used her keys and punched his back that caused a small abrasion to his right shoulder blade.

SWORN AND SUBSCRIBED BEFORE ME

 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
 DATE 9/25/17


 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
GOLDBERGER, DANIELLE (02074)
 NAME OF OFFICER (PLEASE PRINT)
09/25/2017
 DATE

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes.

- Homicide (Ch 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #. 17-18143 Agency: WPBPD
Offense: Simple Battery
Suspect/Offender: August, Christine
D.O.B. 03/18/1992 Race: W Sex: F

2. Warrant #(s) _____

3. Complete one (1) of the following:

a. Victim's name: _____
Address: _____
City: _____
Home: _____

b. Victim's next of kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work#: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work#: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify).

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name: D. GOLDBERGER I.D.: 2074 Date: 9/24/17

SUSPECT/OFFENDER: _____

August, Christine

COURT CASE/WARRANT#
(FOR WARRANTS USE ONLY)

SCANNED
SEP 25 2017